



DISTRICT INFORMATION FORM

Name of District: _____

Office Address: _____

Mailing Address: _____

(if different from office address)

Telephone: _____ Fax: _____

Manager or Superintendent: _____

Daytime Telephone: _____

Clerk or Secretary: _____

Daytime Telephone: _____

District Treasurer: _____

Daytime Telephone: _____

E-mail address: _____

District Accountant: _____

Daytime Telephone: _____

The names and titles listed above are complete and accurate to the best of my knowledge.

Date

District Clerk / District Secretary

Please complete this form and mail to:

Division of Local Services
Public Finance Section
PO Box 9569
Boston MA 02114-9569

(Revised: December 2003)